

# APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				BUILDING ADDRESS			
BUILDING ADDRESS <b>23028 PETROLEUM AVE</b>				<b>23028 Petroleum Ave</b>			
CITY <b>TORRANCE</b> ZIP <b>90502</b>				LOCALITY <b>Co. Belson</b>			
SIZE OF LOT <b>83' X 60'</b> NO. OF BLDGS. NOW ON LOT <b>1</b>				ASSESSOR MAP BOOK			
TRACT <b>18087</b>		BLOCK		PAGE		PARCEL	
OWNER <b>MR. + MRS. MOSICA</b>		TEL. NO. <b>534-3918</b>		DISTRICT <b>12</b>	GROUP <b>R3</b>	TYPE CONST. <b>IV</b>	FIRE ZONE <b>3</b>
ADDRESS <b>23028 PETROLEUM AVE</b>				PROCESSED BY <b>JB</b>			
CITY <b>TORRANCE</b> ZIP <b>90502</b>				STATISTICAL CLASSIFICATION			
ARCHITECT OR ENGINEER <b>ED CARUANA</b> TEL. NO. <b>375-0120</b>				CLASS NO. <b>21</b> DWELL. UNITS <b>0</b> SEWER MAP <b>Q</b> BK <b>139</b>			
ADDRESS <b>1023 AVENUE 13 REDONDO BEACH</b>				VALUATION \$ <b>9,000.00</b>			
CONTRACTOR <b>OWNER BUILDER</b> TEL. NO. <b>534-3918</b>				BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)			
ADDRESS				HIGHWAY + YARD = TOTAL SETBACK FROM FRONT PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH			
CITY				+ =			
CONSTRUCTION LENDER NAME AND BRANCH <b>WELLS FARGO BANK</b>				BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)			
ADDRESS <b>DEL AMO FINANCIAL CENTER CITY TORRANCE</b>				HIGHWAY + YARD = TOTAL SETBACK FROM SIDE PROP. LINE TYPE OF HIGHWAY EXISTING WIDTH			
SQ. FT. SIZE <b>406</b> NO. OF STORIES <b>1</b> NO. OF FAMILIES <b>1</b> CHECK ONE				+ =			
DESCRIPTION OF WORK <b>ROOM ADDITION</b> NEW <input type="checkbox"/>				P.C. Fee \$			
<b>+ Porch (Open + Kitchen)</b> ADD <input checked="" type="checkbox"/>				Permit Fee <b>60.88</b>			
ALTER <input checked="" type="checkbox"/>				Issuance Fee <b>7.88</b>			
REPAIR <input type="checkbox"/>				Total Fee <b>67.00</b>			
DEMOL <input type="checkbox"/>							
USE OF EXISTING BLDG. <b>RESIDENCE</b>							
APPLICANT (PRINT) <b>MARION MOSICA</b> TEL. NO. <b>534-3918</b>							
BY (SIGNATURE) <b>Marion Mosica</b>							
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.							
SIGNATURE OF PERMITTEE <b>Marion Mosica</b>							
ADDRESS <b>23028 PETROLEUM AVE</b>							
CITY <b>TORRANCE</b> ZIP <b>90502</b> TEL. NO. <b>534-3918</b>							
USE ZONE <b>R1</b>		MAP NO. <b>4231</b>					
SPECIAL CONDITIONS							
FINAL DATE <b>4-30-80</b>		BY <b>[Signature]</b>					

PLAN CHECK VALIDATION

PERMIT VALIDATION

#7653A  
#.....1  
1...67.00  
...67.00  
0529-79

INSPECTOR COPY

[illegible]

# APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				JOB ADDRESS	
	EACH	NO.	FEE		
New Residential Bldgs. & Pools				23028 Petroleum Ave Torrance	
1 & 2-Family, Sq. Ft.	\$	—	\$	LOCALITY TORRANCE	
Multi-family Sq. Ft.		—		NEAREST CROSS ST. BESON	
Residential Swimming Pools				OWNER OR FIRM NAME MARION MOJICA	
Outlets: Rec. <u>14</u> Light <u>3</u> Sw. <u>6</u>				MAIL ADDRESS 23028 PETROLEUM AVE	
Total No. <u>23</u>				CITY TORRANCE Tel. No. 534-3918	
Lighting Fixtures				PLAN CHECK APPLICANT	
First 20	1.50	20	10.00	ADDRESS	
Additional	1.30	3	3.90	CITY TORRANCE Tel. No.	
Lighting Fixtures				PERMIT APPLICANT MARION MOJICA	
First 20	1.50	1	1.50	ADDRESS 23028 PETROLEUM AVE	
Additional				CITY TORRANCE Tel. No. 534-3918	
Fixed Appliances Not Over 1 HP				LICENSE OR REG. NUMBER Class.	
Range ___ Heater ___ D.W. ___				I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.	
Oven ___ Dryer ___ W.M. ___				I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.	
Top ___ FAU ___ W.H. ___				PERMITTEE SIGNATURE <u>Marion Mojica</u>	
Hood ___ Fan ___ Other ___				DISTRICT NO. 12.00	
Disp. ___ Room Air Cond. ___				PROCESSED BY T.J.	
Power Apparatus & Large Appliances				INSPECTION INFORMATION ON REVERSE SIDE	
Size & Type HP, KW, KVA, or KVAR					
Up to 1 Incl.					
Over 1 to 10 Incl.					
Over 10 to 50 Incl.				PLAN CHECK VALIDATION	
Over 50 to 100 Inc.				PERMIT VALIDATION	
Over 100					
Services					
0 - 200 Amp. Under 600 V		1	12.50		
201 - 1000 Amp. Under 600 V					
Over 1000 Amp. or Over 600 V					
Temp. Power Pole & Appurtenances					
Sign with One Branch Circuit					
Additional Sign Branch Circuits					
Misc. Conduits & Conductors					
Other (See Complete Fee Schedule)					
PERMIT FEE (Sub-Total)					
PLAN CHECKING FEE (One-Fourth Permit Fee)			7.00		
PERMIT ISSUING FEE			30.90		
TOTAL FEE			31.90		

INSPECTOR COPY

INSPECTION FINALED

date:

4-30-80 By Scinal

977.2A

# . . . . . 2

1 . . 31.90

. . . 31.90

07.31-79

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING	8/21/79	Bernel
FIXTURES		
POWER AUTHORIZED		
UTILITY CO. NOTIFIED	8/22/79	Bernel
FINAL	Enter on Front	

NOTES

**WORKER'S COMPENSATION CERTIFICATION**

I certify that I will be responsible for the work to be done under this permit and that I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation regulations, I will file the required certificate of insurance and notify that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understood them.

Signature: *Thomas M. [illegible]*

Date: \_\_\_\_\_

# APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE		
	WATER CLOSET			23028 PETROLEUM AVE	
	BATH TUB			LOCALITY TORRANCE CALIF. 90502	
	SHOWER			NEAREST CROSS ST. BELSON	
	LAVATORY			OWNER MARION MOLICA	
				MAIL ADDRESS 23028 PETROLEUM AVE	
2	SINK		6 00	CITY TORRANCE	TEL. NO. 534-3918
1	DISHWASHER		3 00	CONTRACTOR owner	
	CLOTHES WASHER			ADDRESS	
	SWIMMING POOL RECEPTOR			CITY	
	LAWN SPRINKLER SYSTEM			TEL. NO.	
	WATER HEATER			STATE	
				LIC. CLASS	
1	GAS SYSTEM	OUTLETS	3 00	APPROVALS DATE INSPECTOR'S SIGNATURE	
	OUTLETS OVER 5 PER SYSTEM			UNDER SLAB WORK 8/17/71	
				ROUGH PLUMBING	
				GAS PIPING	
				GAS VENT	
				HOT WATER HEATER	
				PLUMBING FIXTURES	
				GAS TEST 4-25-80	
				UTILITY CO. NOTIFIED	
Plan check fee				FINAL 4-30-80	
PLUMBING PERMIT ISSUING FEE \$			7 00	PLAN CHECK VALIDATION	
TOTAL FEE			19 00	PERMIT VALIDATION	
Plan check applicant					
Name					
Address					
City Tel. No.					
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.</p> <p>I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.</p>					
SIGNATURE OF PERMITTEE Marion Molica					
DISTRICT NO.		PROCESSED BY			
12.00		T.D.			
INDUSTRIAL WASTE APPROVAL					

INSPECTOR COPY

2977.1A  
#.....5  
1..1900  
...1900  
07.31-79

# WORKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements, I will file the required certificate of insurance and realize that failure to do so will necessitate suspension of the permit. I have received an explanation of the limits and conditions of this certificate and have read and fully understand them.

Signature

Title

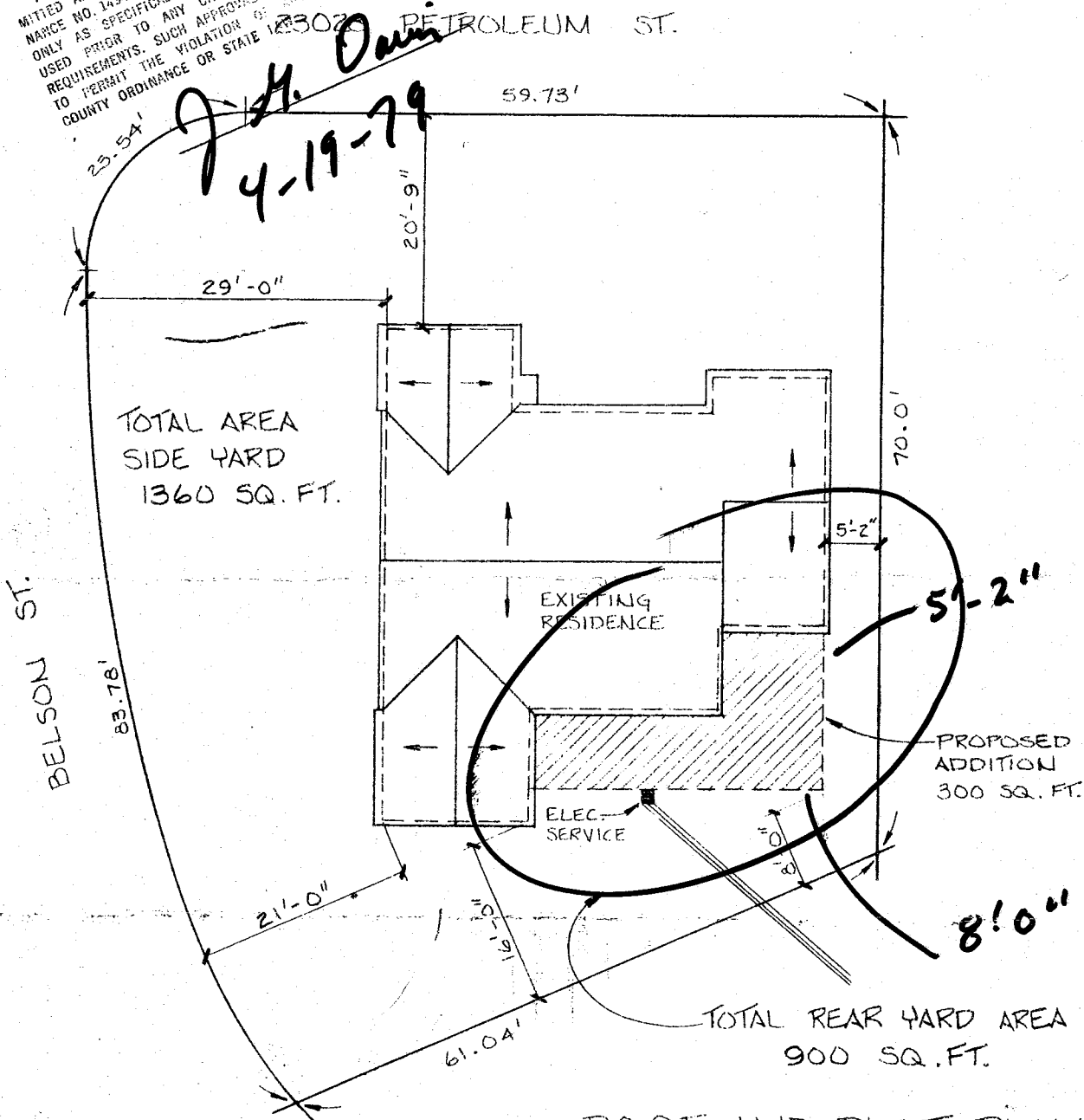
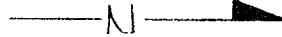
Date

ATTTT  
2.....#  
0001...1  
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25-1880

DEPARTMENT OF REGIONAL PLANNING  
 IS APPROVED AS SHOWN ON THIS PLAN IN ACCORD  
 WITH SECTIONS 1492.16  
 OF ORDINANCE NO. 1494.  
 THIS APPROVAL IS CONTINGENT UPON THE FACTS SUB-  
 MITTED AND THE REQUIREMENTS OF COUNTY FORMING ORDI-  
 NANCE NO. 1494 IN EFFECT AT THIS TIME. IT IS APPLICABLE  
 ONLY AS SPECIFICALLY INDICATED HEREIN AND MUST BE  
 USED PRIOR TO ANY CHANGE IN THE PROPOSED CONSTRUCTION  
 REQUIREMENTS. SUCH APPROVAL SHALL NOT BE CONSTRUED  
 TO PERMIT THE VIOLATION OF ANY PROVISION OF ANY  
 COUNTY ORDINANCE OR STATE LAW.

THIS APPROVAL EXPIRES  
 UNLESS USED WITHIN TWO  
 YEARS OF DATE OF GRANT

NO  
 PP #



ROOF AND PLOT PLAN

1/16" = 1'-0"

LEGAL DESCRIPTION

LOT 18 TRACT 18087

**BUILDING & SAFETY**  
**LOMITA OFFICE**

PROPOSED ROOM ADDITION FOR: MR. & MRS. M. MOHICAN  
 23028 PETROLEUM ST.

(12) Dec. 4-23-79